Government of the District of Columbia
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INFORMATION FOR THE MEDICAL COMMUNITY AND THE PUBLIC
FROM THE

D.C. BOARD OF MEDICINE

April 2000

GUIDELINES FOR OFFICE-BASED ANESTHESIA

The American Society of Anesthesiologists (ASA) recently issued guidelines for office based anesthesia. The guidelines were prepared to establish minimal requirements for patient safety and to reduce liability risk of healthcare providers. The D.C. Board of Medicine (the "Board") presents the following summary of those guidelines for the information of the medical community and to advise that the guidelines will be used by the Board in assessing whether an acceptable standard of care has been met in cases involving office-based anesthesia.

Office-based Anesthesia Guidelines

Administration and Facility:

- The facility should have a medical director or governing body that establishes policy and is responsible for the activities of the facility and its staff. The medical director or governing body is responsible for ensuring that facilities and personnel are adequate and appropriate for the type of procedures performed.
- Policies and procedures should be written for the orderly conduct of the facility and reviewed on an annual basis.
- The medical director or governing body should ensure that all applicable local, state and federal regulations are observed.
- All personnel should hold a valid license or certificate to perform their assigned duties.
- All operating room personnel who provide clinical care in the office should be qualified to perform services commensurate with appropriate levels of education, training and experience.
- The anesthesiologist should participate in ongoing, continuous quality improvement and risk management activities.
- The medical director or governing body should recognize the basic human rights of patients, and a written document that describes this policy should be available for patients to review.

Facility and Safety:

- Facilities should comply with all applicable federal, state and local laws, codes and regulations pertaining to fire prevention, building construction and occupancy, accommodations for the disabled, occupational safety and health, and disposal of all medical and hazardous waste.
- Policies and procedures should comply with laws and regulations pertaining to controlled drug supply, storage and administration.

Clinical Care

Patient and Procedure Selection:

- The anesthesiologist should be satisfied that the procedure to be undertaken is within the scope of practice of the health care practitioners and the capabilities of the facility.
- The procedure should be of a duration and degree of complexity that will permit the patient to recover and be discharged from the facility.
- Patients, who by reason of pre-existing medical or other conditions may be at undue risk for complications, should be referred to an appropriate facility for performance of the procedure and the administration of anesthesia.

Perioperative Care:

- The anesthesiologist should adhere to the "Basic Standards for Preanesthesia Care," "Standards for Basic Anesthesia Monitoring," "Standards for Postanesthesia Care," and "Guidelines for Ambulatory Anesthesia and Surgery."
- The anesthesiologist should be physically present during the interoperative period and immediately available until the patient has been discharged from anesthesia care.
- Discharge of the patient should be the responsibility of a physician and should be documented in the medical record.

Monitoring and Equipment:

- At a minimum, all facilities should have a reliable source of oxygen, suction, resuscitation equipment and emergency drugs.
- There should be sufficient space to accommodate all necessary equipment and personnel and to allow expeditious access to the patient, anesthesia machine (when present) and all monitoring equipment.
- All equipment should be maintained, tested and inspected according to the manufacturer’s specifications.
- Back-up power sufficient to ensure patient protection in the event of an emergency should be available.
- In any location in which anesthesia is administered, there should be appropriate anesthesia apparatus and equipment that allow appropriate monitoring and documentation of regular preventative maintenance as recommended by the manufacturer.
- In an office where anesthesia services are to be provided to

infants and children, the required equipment, medication and resuscitative capabilities should be appropriately sized for a pediatric population.

Emergencies and Transfers:

- All facility personnel should be appropriately trained in and regularly review the facility's written emergency protocol.
- There should be written protocols for cardiopulmonary emergencies and other internal and external disasters such as fire.
- The facility should have medications, equipment and written protocols available to treat malignant hypothermia when triggering agents are used.
- The facility should have a written protocol in place for the safe and timely transfer of patients to a prespecified alternate care facility when extended or emergency services are needed to protect the health or well-being of the patient.

The American Society of Anesthesiologists (ASA) has publications available that supplement the above summary guidelines. These publications include: "Basic Standards for Preanesthesia Care;" "Standards for Basic Anesthesia Monitoring;" "Standards for Postanesthesia Care;" and "Guidelines for Ambulatory Anesthesia and Surgery." These materials are available from ASA Executive Office, 520 N. Northwest Highway; Park Ridge, IL 60068-2573.

NEWSLETTERS ON INTERNET

This newsletter and the other newsletters published this year are available to the interested on the internet. The address is www.dchealth.com. Once you get to that site, you click on "Administrations and Offices;" then "Health Regulation Administration;" then "Newsletters."

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Do YOU have a practice issue that you would like addressed in a future newsletter?
If so, please state your issue in writing to:
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Professional License Fee

Staff has received a number of recent phone calls from licensees in which concern was expressed regarding failure to receive renewal applications for the "Professional License Fee," that was administered by the Department of Finance and Revenue. Those were annual licenses for which certain licensees — including physicians — were assessed $250.00. Those annual licenses expired on December 31st each year. The Professional License Fee was repealed in April 1999. There is no need to renew that license. The Professional License Fee is not your medical license. D.C. medical licenses expire on December 31st of even numbered years only.

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1999 Board Orders

A list of 1999 Board Orders is appended to this newsletter. This list includes disciplinary actions by the D.C. Board of Medicine and the D.C. Department of Health against licensed physicians and applicants for licenses to practice medicine in the District of Columbia during 1999. Some of the orders were previously reported in past newsletters.